

Case Number:	CM13-0055915		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2002
Decision Date:	06/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old male who sustained an injury on 02/18/02. No specific mechanism of injury was noted. The patient had prior C5-6 anterior cervical discectomy and fusion for radiculopathy. Post-operatively the patient described chronic pain in the cervical spine radiating to the right upper extremity. The patient endorsed urinary frequency without incontinence. The clinical records from September to November of 2013 were hand written. The patient continued to describe neck pain radiating to the occipital regions and right upper extremity. Physical examination demonstrated tenderness over the occipital areas to palpation. No sensory or motor deficits were identified. Medications included Nortriptyline. The most recent evaluation from 11/04/13 continued to identify occipital and neck pain and pain in right upper extremity. No changes on physical examination were noted. The patient was prescribed Viagra at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Viagra 50mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation information from the Physician's Desk Reference (PDR).

Decision rationale: In regards to the prescription for Viagra 50mg, the clinical documentation submitted for review did not support this medication as medically necessary based on guideline recommendations. The clinical documentation provided insufficient evidence regarding erectile dysfunction which was the only indication for Viagra. There were no urology evaluations or urodynamic studies confirming the presence of erectile dysfunction. The patient did not have a history of spinal cord injury either as a result of trauma or surgery that would reasonably require Viagra for erection issues. Given the minimal clinical evidence supporting a diagnosis of erectile dysfunction, medical necessity has not been established.